

# **OUTPATIENT SERVICE STANDARDS**

## **PURPOSE**

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding the structure and application of outpatient services for children with SED. These standards are intended to achieve statewide consistency in the development and application of CMH core services and shall be implemented in the context of all applicable laws, rules and policies.

## **INTRODUCTION**

Outpatient services, also referred to as outpatient therapy and in-home services, is defined in the *1999 Needs Assessment of Idaho's Children with SED and their Families* as,

Individual, group, family, play and other therapies and or counseling; primary components include face-to-face contact with trained professional, goal-directed strategies planned and implemented, capacity to deliver service in home, schools, and other community locations, and services offered at multiple levels of intensity, responsive to the level on need.

Outpatient treatment is among the least restrictive and is the most commonly used form of treatment provided to children and families in the State of Idaho. This is consistent with national trends from children's mental health literature (Kutash, 1986). For the purposes of this document, outpatient is inclusive of all services that provide mental health treatment to a child or family and is delivered in the family home, at school, in the community or in a mental health clinic, including psychiatric evaluation and treatment. It is important to recognize that many outpatient services are available in the community to families that have the resources to access those services without DHW intervention.

## **CORE VALUES**

- The system of care should be child-centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
- Children with emotional disturbance should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- Children with emotional disturbance should receive services within the least restrictive, most normative environment that is clinically appropriate.

- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- The needs of children and families can more effectively be met through flexible funding strategies than through categorical funding restricted to the most expensive resources.

### **STANDARDS**

- 1. Each region shall ensure the following outpatient services are available:**
  - a. Brief Intervention**
  - b. Psychosocial Rehabilitation services (per Medicaid Definition)**
  - c. Psychiatric services**
  - d. Relationship therapy**
  - e. Individual therapy**
  - f. Family therapy**
  - g. Group therapy**
  - h. Day Treatment**
- 2. All outpatient services shall be made available to children and families when the need for that intervention is demonstrated in the comprehensive assessment and the child meets SED eligibility criteria, regardless of Medicaid eligibility.**
- 3. All outpatient services shall be delivered by private mental health providers through contracts or agreements, any variance from this based on special needs of the child or family shall be documented.**
- 4. The location of service delivery shall be determined by the needs of the child and family and provided in the natural setting most appropriate.**
- 5. Outpatient services shall be child-centered and family-focused as demonstrated by the comprehensive assessment, the service plan, in contracts and in concurrent reviews.**

### **FAMILY INVOLVEMENT**

- 6. The family and the child when appropriate shall participate in planning for all services and throughout the service delivery process.**

## **FEE FOR SERVICES**

- 7. Fee determination, based on a sliding scale, shall be conducted for all families receiving outpatient mental health services and billed appropriately.**

## **COORDINATION WITH OTHER SERVICES**

- 8. DHW Clinical case managers shall assist families in the coordination of outpatient services with other services and programs with which the child and family are involved, including juvenile justice, education, local council, etc.**
- 9. Any variance to these standards shall be documented and approved by division administration, unless otherwise noted.**
- 10. Each region shall establish outpatient service delivery goals and shall annually submit a plan and timeline to achieve those goals to division administration for approval.**